



Participant Guide and Reflections Journal

**CHW SUSTAINABILITY SUMMIT
APRIL 16-18, 2024 • SPOKANE, WA**



The Summit logo design is based on a quilt to represent all of us uniting for CHW sustainability.

Quilts are made of many pieces and have long been used to tell stories through their patterns and designs.

The pieces in the logo symbolize the unique contributions, diverse voices, backgrounds, and experiences along with the shared histories, values, and aspirations we all bring.

These are all woven together to create a strong and interconnected community collectively working to sustain CHWs.



CHW Sustainability Summit

Spokane, WA • April 16-18, 2024

envision's CHW Sustainability Summit will advance the CHW workforce sustainability movement with:

- Peer networking, connections, and relationship building opportunities.
- Collective understanding of health and racial equity principles and practices.
- Dissemination of information, tools, and best practices.

Over the next three days we will explore topics related to CHW leadership and ally support, sustainable funding approaches, using evaluation to support CHW workforce sustainability and scalability, and aligning local and national efforts.

This guide includes select training materials and associated resources adapted from **envision's Community of Transformation** curriculum as well as resources from CHW and ally partner organizations. Transformation takes dedicated and intentional time, space, and energy to imagine a new future.

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Summit Agenda

DAY ONE

Sustainability Foundations

On the first day, you will learn about the basics of CHW sustainability through discussions and workshops. You will see successful examples of CHW sustainability movements and their impact on communities.

DAY TWO

Sustainability Planning

On the second day, you will explore various strategies and approaches to CHW sustainability, with a focus on developing actionable plans to achieve sustainability goals. Additionally, there will be an emphasis on gaining a deeper understanding of your individual and collective power, as well as identifying your spheres of influence within the context of sustainability efforts.

DAY THREE

Growing the CHW Sustainability Movement

The last day of the Summit is dedicated to expanding the reach of CHW sustainability efforts. The focus will be on deepening engagement to garner support for sustainable CHW initiatives and explore strategies to foster a stronger network of champions for the cause.



The objective of the CHW Sustainability Summit is to foster relationships and align local and national efforts to create a strong, well-supported CHW workforce.

CHW sustainability means making sure that CHW programs, roles, and initiatives have what they need to continue long term. CHW sustainability includes CHW leadership development, ongoing funding, workforce development initiatives, career ladders, ensuring supportive supervision, quality evaluation of the important work CHWs do, and more! Ultimately, sustaining the CHW workforce is critical to ensuring that CHWs can continue to effectively address community health needs, improve health outcomes, and advance health equity.

To achieve sustainability, it is crucial to increase the power of the CHW workforce and CHW allies. Power means the ability to make things happen and create change. Our relationships are a source of power and exemplify why CHW work is so transformative. The Summit harnesses the intrinsic value of CHW work and integrates it with community organizing principles to amplify CHW power, collective capacity, and leadership.



This guide is your companion to the Summit workshops and content, supporting you and your team in learning, understanding, and using the tools and practices shared to advance your CHW sustainability goals. Keep in mind, there is no one “right way” to achieve sustainability because there are important differences in local priorities, culture, and context.

This guide has several tools designed to help you and your team identify and prioritize your goals for the CHW workforce, and the relationships your team will cultivate to meet those goals. By evaluating your connections with individuals, organizations, institutions, and networks that may have decision-making power, you can make informed decisions about which sustainability approaches to prioritize and what steps to take next. Involving CHW leaders, allies, and partners early on will increase your chances of achieving your goals.

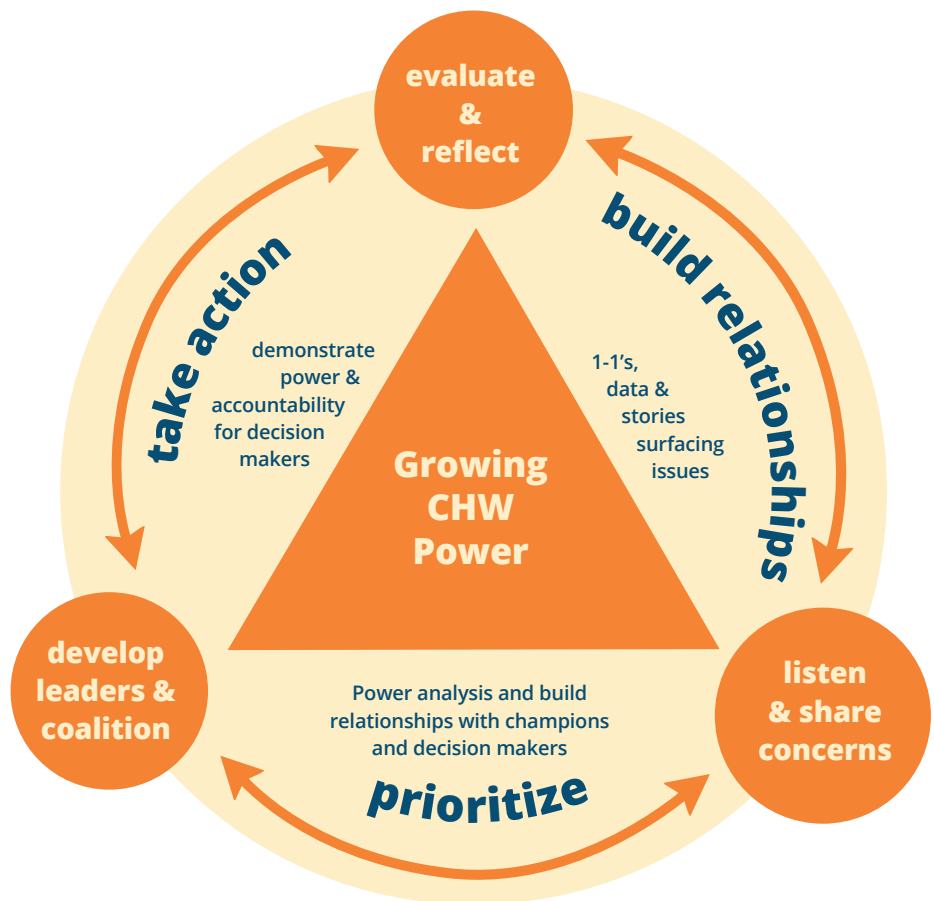
CHW leadership is a central theme throughout all the tools you will find here. By prioritizing CHW leadership, you can help make sure that sustainability efforts are implemented, evaluated, and refined to align with the assets and needs of the CHW workforce.

envision's Approach to Capacity Building for CHW Sustainability

envision's approach to CHW sustainability centers on increasing CHW power. Power, simply put, is the ability to act and make things happen. Strengthening our capacity to make things happen is the key to sustaining the CHW workforce.

Building relationships is essential to growing CHW and ally capacity. This is the heart of the CHW Sustainability Summit and this approach to capacity building is exemplified in the following model pictured here.

This model is a cycle and you can start at any point. It emphasizes beginning with what you already know and building on relationships and community insights. You can use tools like a power map, which you will find in this guide, to identify key decision makers and develop partnerships to increase CHW influence and address community needs. Each point on the triangle contributes to the broader CHW movement, amplifying CHW power and in turn, advancing sustainability efforts.





envision's Approach to Capacity Building for CHW Sustainability

The CHW Sustainability Summit focuses on four key areas to increase CHW power and advance sustainability. These areas include CHW leadership and ally support, sustainable funding approaches, using evaluation to support CHW workforce sustainability and scalability, and aligning local and national efforts.

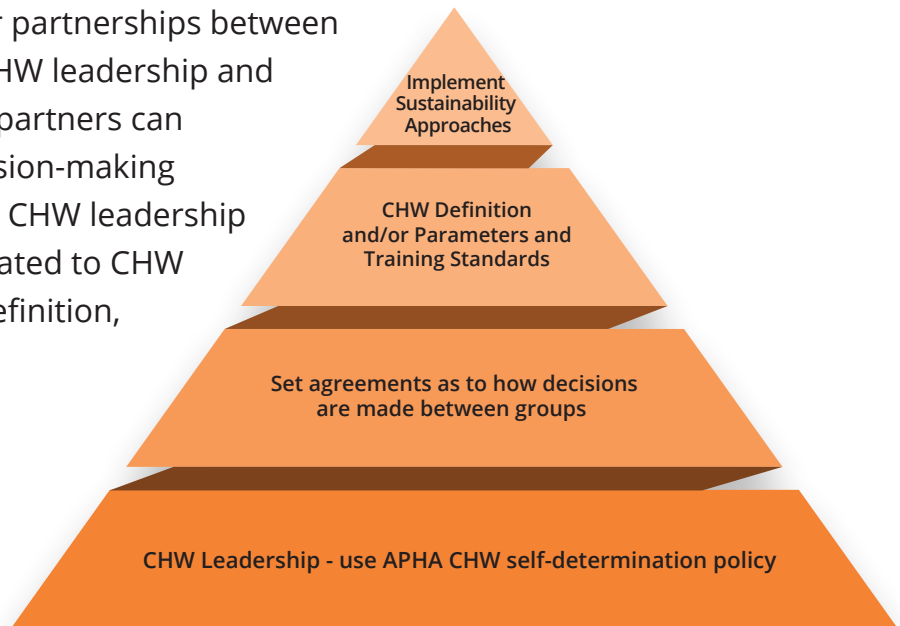
By focusing on CHW leadership development and cultivating ally support, the Summit will help you and your team to increase your local capacity to make change. Exploring multiple funding models and strategies during the Summit will help secure more equitable financial resources for CHWs, directly contributing to growing CHW power. Incorporating rigorous evaluation methods will help measure the impact of CHW work and demonstrates the value of the CHW workforce. Collaboration between your local CHW initiatives and national policies/efforts is key to advancing the CHW agenda and achieving sustainable outcomes.

These Summit topics are the building blocks for strengthening CHW power and ensuring sustainability. By developing leadership, securing resources, implementing best practices, and fostering strategic partnerships, CHWs and CHW allies can unlock the potential for transformative change and sustain the CHW workforce.

CHW Leadership and Ally Partnerships

Both CHWs and CHW allies play critical roles in advancing sustainability goals, but CHW leadership is essential to making the CHW workforce truly sustainable. In some cases, decisions about the workforce have been made without involving CHWs, which can hinder sustainability efforts. To address this issue, the APHA CHW Section created a policy on CHW self-determination, which states that at least half of any group making decisions about CHWs are CHWs.

This policy serves as the foundational building block of this model, which illustrates principles for partnerships between CHWs and CHW allies. With CHW leadership and representation, collaborative partners can establish agreements on decision-making processes confidently. Having CHW leadership ensures that critical issues related to CHW sustainability, such as CHW definition, training standards, and other professional parameters, are made by and for CHWs.

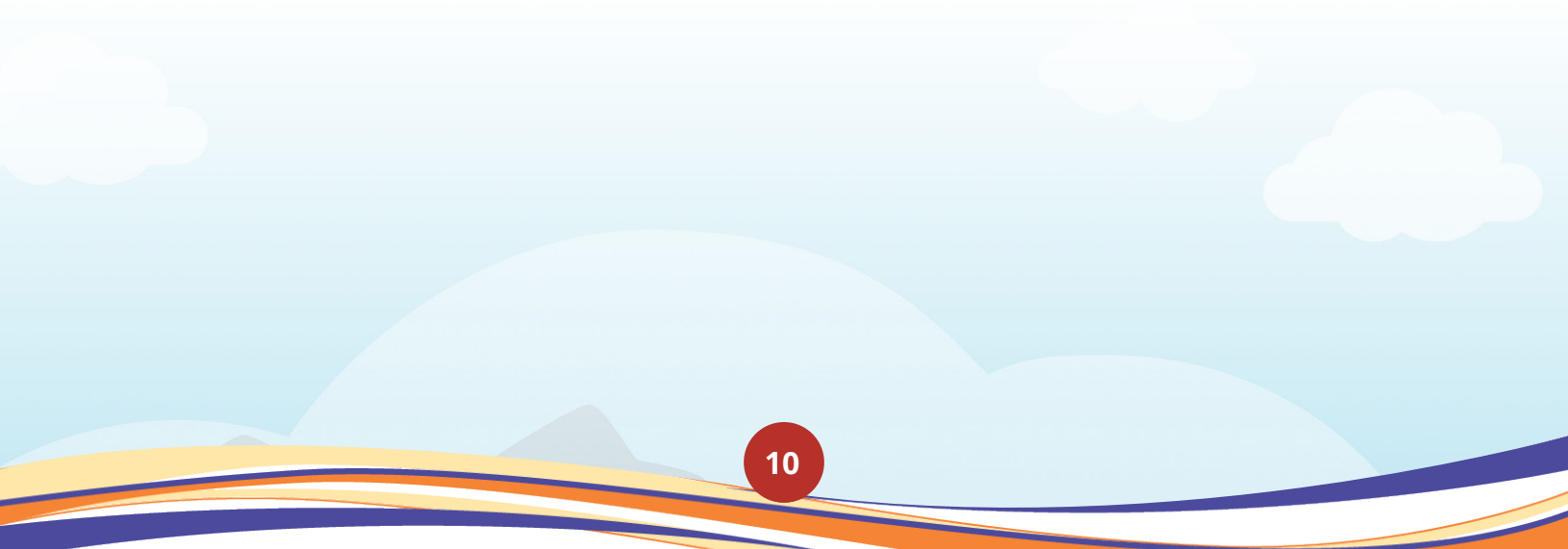


By centering CHW voices, we pave the way for the effective implementation of sustainability approaches (at the top of the triangle) that are inclusive and reflective of the unique contributions and impact that CHWs have on community health. CHW leadership and ally partnerships are strengthened and expanded through relationships, growing the reach and influence of CHW leaders and ally partners while building the CHW workforce sustainability movement. As these relationships deepen and grow, they serve as a catalyst for collective action, amplifying the impact of CHWs and CHW allies in advancing sustainability goals.

Relationships

as a source of power





Relationships as a Source of Power

Consider how your relationships are a source of power.

- Who are you in relationship with?
- How did you establish those relationships?
- How do your relationships enable you to do CHW or CHW ally work?



Relationships as a Source of Power

Expanding relationships is an accessible and limitless source for growing CHW power. CHWs demonstrate this power daily in your community. CHWs cultivate and sustain trust through meaningful engagement strategies, including bonding over shared experiences, staying in touch regularly, connecting individuals and families to resources, and adapting to changing needs and priorities. CHWs and CHW allies can apply this same impactful approach to relationship building with decision makers to achieve sustainable CHW programs.

The following questions reflect the connections and shared experiences that CHWs and CHW allies have with their communities. The questions leverage those strengths, and combine them with power-building strategies to reach your CHW sustainability goals.

The tools referenced in the guide below are described in the Tool Appendix on page 32 of this guide, and can be found in your team's virtual binder. To learn more about the virtual binders, please see page 31 of this guide.

relationship building guiding questions

What power do you already have to advance CHW sustainability?

An inventory of your current relationships and other resources informs this.

- How are CHWs leading sustainability efforts in your community?
- What are the resources you bring to the cause?

The following tools will help you answer these questions:

- Resources inventory
- Partnerships table

relationship building guiding questions (cont.)

What are you trying to achieve? *Identifying what you and your community care about informs this. Remember “nothing about us without us.”*

- What do CHWs in your community believe is necessary to achieve sustainability?
- Which strategy(ies) will bring you closest to the best possible outcome for CHWs in your community?

The following tools will help you answer these questions:

- Self-interest worksheet
- 1:1 conversation goals & reflections
- Sustainability goals worksheet
- Issue cutting

Who do you need to strategically strengthen your relationships with to achieve your CHW sustainability goals? *Understanding who has decision making power and to what degree they are in agreement with your goals informs this.*

- Who are the decision makers and who is likely to support your cause?
- Who is in relationship with them?
- What is the relationship between decision makers and the CHW workforce in your community?
- How will building your relationship with decision makers increase CHW influence or power?

The following tools will help you answer these questions:

- Power map
- CHW financial sustainability toolkit

relationship building guiding questions (cont.)

How will you strengthen relationships with decision makers to cultivate champions for your cause? *Determining what decision makers care about and how it overlaps with what you care about informs this.*

- What do the decision makers care about? What are the problems/issues they are running into and what do they need help with?
- How is CHW work connected to what they care about? How can CHWs help to address decision makers' issues?

The following tools will help you answer these questions:

- Self-interest worksheet
- 1:1 conversation goals & reflections
- Message box

Putting it all together: what is your CHW sustainability action plan?

Having all of the necessary steps outlined in one accessible place ensures accountability, clarity, and unity in achieving your goals.

- What needs to happen? What are the action items?
- Who are the CHW and CHW allies that will take leadership on this?
- Who needs to be involved?
- What are the timeline considerations?
- How will you know you are successful?
- How will information be communicated throughout this process?

Understanding Motivation and Self-Interest

Self-interest is your concern for your priorities, your health and safety, and those of people that are connected to you (friends, family, neighbors). Self-interest is a foundational concept in community organizing, and is how leaders make change in their communities. Self-interest is what motivates an individual to take action, even in altruistic situations. Self-interest is about an individual, whereas **community interest** is a collective concern for priorities, health, and safety shared by a group of people.

At the intersection of self-interest and community interest is the motivation for people to come together to build power and make change. Recognizing our individual and collective interests in sustaining the CHW workforce is fundamental to driving transformative change.



Self-Interest Worksheet: What motivates you to do this work?

ISSUES (head) - these are the things that people care about. The problems they identify, concerns they have about what is right and wrong, ideas for social change. These are what get people riled up!

VALUES (heart) - these are the core beliefs that motivate people to act. A sense of justice, belief in equity, concern for other people, a desire for fairness.

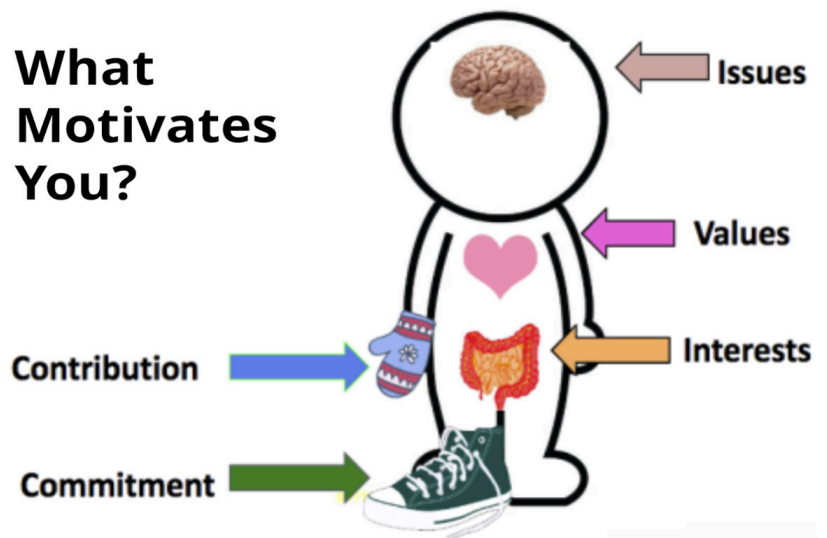
INTERESTS (tummy) - these are the stakes that a person has by virtue of their relationship to the issue.

Someone's interest in an issue is the way they connect to it, and there is usually a story there. For example, two people could identify health care as "their issue" but their interest in it may be really different.

CONTRIBUTIONS (hand)
- are what you bring to the table: the skills, networks and knowledge you bring, what you are good at, what you know.

COMMITMENT (foot) - is what you are able to do with your skills and talents. It is the ability to act based on circumstances, education, experience, etc. Commitment dictates how much of the person's energy/time/commitment they will invest.

What Motivates You?



Self-Interest Worksheet: What motivates you to do this work?

Instructions: Take a moment to reflect on why you do this work. Spend a couple minutes free writing or drawing a self-portrait identifying the issues, values, interests, contributions, and commitment you bring. Delve deeper into your gut feeling of why this work is important and motivating to you. What is your stake in it? What do you get out of being part of this work? Why do you want to remain involved?

Consider the following prompts to discover your self-interest and take notes in the space provided below:

- What values are important to you, and how did you learn these values?
- Why does CHW work matter to you?
- Why does CHW work matter for your organization?
- What values do you prioritize, and how were they instilled in you?
- What motivates your involvement in this work?

Adapted from Wellstone Action

NOTES:

Building Relationships (1:1s)

1:1s are intentional conversations between two people to understand a person's needs, concerns, and interests related to a particular issue or cause.

Discovering a person's self-interest is the primary goal of a 1:1 meeting.

How do we uncover someone's self-interest? We achieve this by getting to know them! 1:1s offer us a unique and exciting opportunity to cultivate meaningful relationships with individuals. This is accomplished through:

- Identifying and connecting with individuals based on their motivations and interests.
- Building rapport and trust through dedicated one-on-one interactions, demonstrating our commitment to fostering genuine relationships.
- Enhancing our listening skills, curiosity, and understanding through active engagement and dialogue.



1:1 Conversations: Goals and Reflections

Goals:

- Establish or build a relationship
- Understand the self-interest of the person you are meeting with and/or their organization
- Clarify your own self-interest and/or the self-interest of your organization
- Obtain information
- Be courageous and have curiosity

Self-interest in a 1:1

- Self-interest = that which is important to me
- All people act out of self-interest
- We act on what is important to us in relationship with and in relation to others
- People are where they are, which is not always where we want them to be
- Agitation: the process of helping people to reflect on how their actions connect to their self-interest (no agitation without having a relationship – that's irritation)
- Never do for others what they can do for themselves – instead, encourage people to reflect

Tips for a 1:1

- Ask open-ended questions (questions that elicit a story or an explanation, not a “yes” or “no” or another one-word answer)
- Listen!! (try not to worry about what you will say or ask next)
- Don't judge, argue, or try and give advice
- Your priority is getting to know the person, their interests, passions, concerns, hopes
- Be clear about what you want, and why (e.g. “We are making some decisions about what kinds of community issues we want to address. Could I talk to you for 25 minutes sometime?”)
- If possible, give yourself “credentials” (e.g. name a mutual friend, or someone who suggested you talk with them)

Preparing for a 1:1

<p>Step 1: Identify goals and prepare for your 1:1 conversation</p>	Name:
	Goal(s):
	Possible questions to ask:

***TIP: To help capture self-interest when you ask these questions, listen for the way individuals talk about what drives them as a person, what drives them in their professional role, and what drives their organizations. Jot down notes below after your conversation.*

<p>Step 2: Have your 1:1 conversation! <i>Ask open-ended questions to uncover their self-interest and find out:</i></p>	What is their story?
	Why do they do what they do?

Consider how you are showing them that you are actively listening and care about what they are sharing with you.

<p>Step 3: Reflection</p>	What did you hear?
	What stands out from what you heard?
	What was their self-interest?
	What are connections to your self-interest? Where does their self-interest overlap with yours?

Power Building: Partnerships Table and Power Maps

Power mapping is a process used to analyze and understand the relationships and influence among key people or groups in a given context or issue. It helps identify individuals or institutions that have significant power or influence and understand their level of support or opposition. It can also reveal their interests and connections.

By mapping out these relationships, you can develop more effective communication, negotiation, or engagement strategies to achieve your goals. Power mapping often involves gathering information through research and 1:1 meetings, and can be represented visually through diagrams or charts. The partnerships table and power mapping process work together to help build relationships.

The partnerships table provides an overview of potential collaborators and interested parties for your goal, while the power map shows who has influence over your goal and can inform your next steps. By using both tools, you can understand key relationships and where to focus your engagement efforts.



Partnerships Table

With whom do you need to strengthen relationships to achieve your sustainability goals?

1.

2.

3.

4.

5.

6.

7.

8.

9.

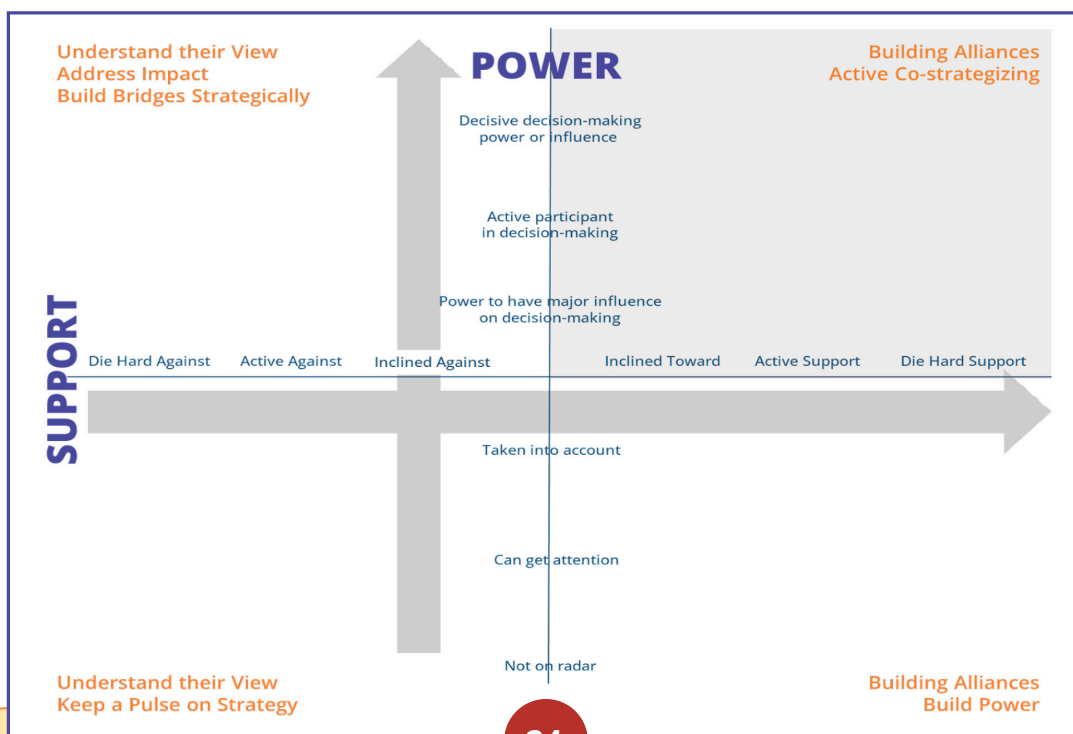
10.

<p>Decision Makers</p> <p>Individual(s) and/or institutions who have the positional power to achieve the stated goal</p> <p><i>Have direct influence on the decision, positions with institutional power</i></p>	
<p>Influencers</p> <p>Individual(s) and/or institutions who have influence over the stated goal and/or decision makers</p> <p><i>Have deep relationships with the decision maker(s)</i></p>	
<p>Who is impacted?</p> <p>Individual(s) and/or communities directly affected by the issue</p> <p><i>Can build collective power in support of the goal</i></p>	
<p>Opposition?</p> <p>Individual(s) and/or institutions that are actively working against the stated goal</p> <p><i>Can influence decision makers or public will to act against the stated goal</i></p>	

Power Building: Partnerships Table and Power Maps (cont.)

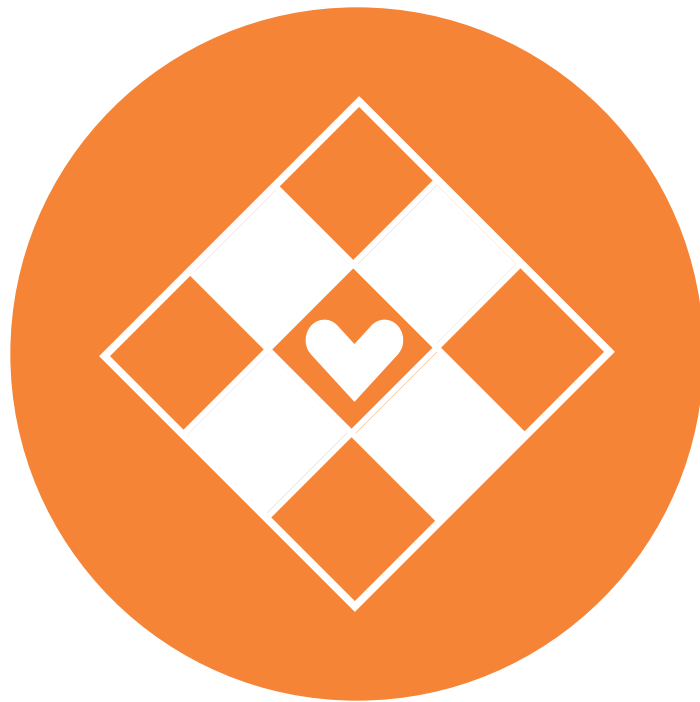
Power maps reveal relationship building priorities:

What is a goal you are trying to accomplish?	
Who has decision making power? <i>What is your relationship to them? To what extent are they in opposition to or champions for your cause?</i>	
Where are the opportunities to shift those in opposition to support your cause?	
What kind of relationships/power do you need to build to make that goal a reality?	



Sustainability

goal setting



Setting Sustainability Goals

Sustainability goals outline what you want to achieve by securing enough funding, resources, and support to build the capacity of CHWs. These goals provide direction for actions and help you focus your efforts to make progress.

Please complete the chart on the following page about your team's sustainability goals using these prompts:

Goals:

What are the sustainability approaches that your team is already working on? List them in the chart.

Benchmarks:

Sustainability takes time and can often involve trying multiple strategies. What are some ways to track your work and to know that you are making progress toward your sustainability goals? Add at least one benchmark for each goal in the chart.

Support needed:

What types of support, skills, or technical assistance do you think you may need from **envision** CHW consultants or subject matter experts to help your team achieve your sustainability goals? List them in the chart.

Setting Sustainability Goals

Goal #1:	Benchmark:
	Benchmark:
	Benchmark:

Goal #2:	Benchmark:
	Benchmark:
	Benchmark:

Goal #3:	Benchmark:
	Benchmark:
	Benchmark:

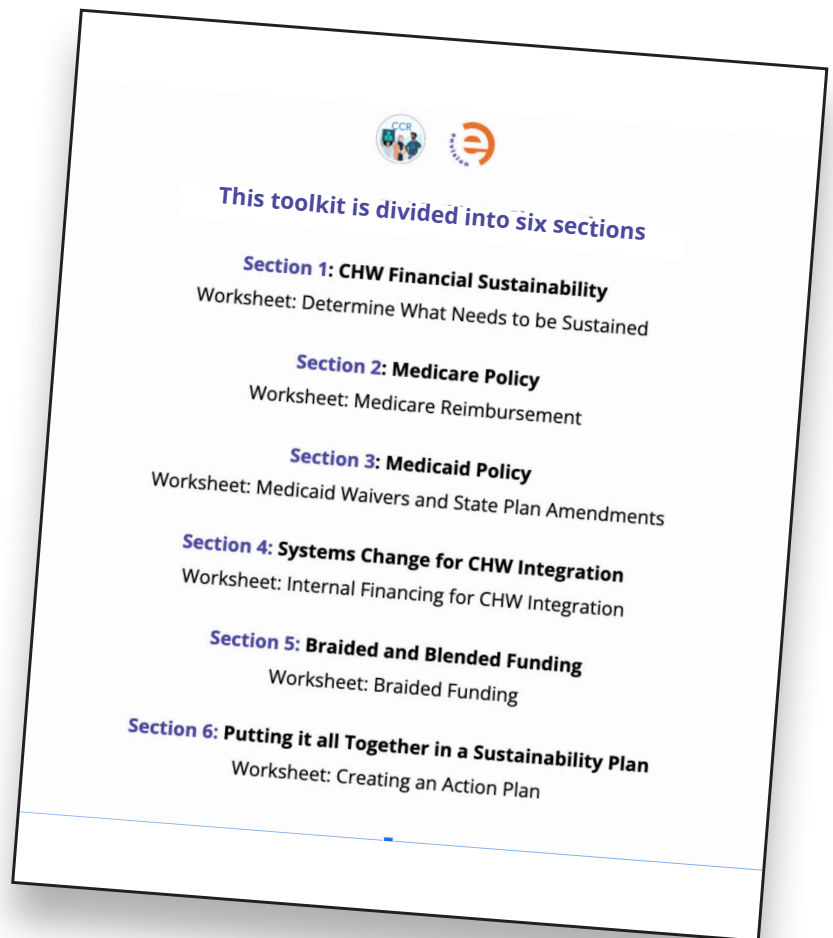
Support Needed:	
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Financial Sustainability

envison emphasizes four interrelated approaches to sustainability: community leadership, policy changes, institutionalization and securing resources. Obtaining continuous revenue for CHW employment and programs is crucial for CHW workforce sustainability; however, it's only one aspect.





It's equally important to systematically integrate CHWs into existing institutions, such as health departments with proper training, guidelines and equitable protocols. Lasting change requires modifying or creating rules, regulations, and policies. However, sustainability isn't just about policy and structural changes; it's also about ensuring that the policies and structures are equitable. Therefore, community leadership, particularly prioritizing CHW leadership and ownership of CHW workforce sustainability (illustrated in the model above), is essential to drive these efforts.



Financial Sustainability

Although funding is only one part of CHW sustainability, it's important to explore it thoroughly. **Financial sustainability** means securing resources, including financial infrastructure for additional or continuous revenue, that help with ongoing CHW programs, workforce development, and employment.


envision designed a CHW Financial Sustainability Toolkit to help CCR-2109 recipients with your sustainability goals. The toolkit helps CHWs and CHW allies address complex CHW workforce sustainability challenges and **focuses on relationships and relationship building as a core strategy to advance CHW financial sustainability goals**. No matter where you are in the CHW workforce sustainability process, the exercises in the toolkit will help you reach your goals and choose the best strategies for your situation.

Section 4 Worksheet: Braided and Blended Funding

Importance : How important is this strategy for achieving your CHW sustainability goals?

Not at all					Extremely
1	2	3	4	5	



CHW Involvement:

Who are the CHW leaders in your community? How are they leading this sustainability effort?

How are you building CHW knowledge and leadership capacity to advocate for blended or braided funding?

Guiding Questions

1. Based on your current and future relationships, what are the opportunities for using braided funding to sustain CHWs?
2. It's a good idea to start with a specific population. What are the at risk populations you are working with?
3. Who will you work with? Review the instructions and complete the table below.

Virtual Binder and Tools

Virtual Binder Description:

envision created an online ‘virtual binder’ (via GoogleDocs) for each CCR-2109 recipient. The virtual binder provides a place for your team to organize ideas and next steps as well as tools, resources, and materials shared by **envision** to support CHW workforce sustainability in your community.



Participating Organization | SUMMIT VIRTUAL BINDER
[Participant Guide](#) | [Summit Resources](#) | [Foundational Terminology](#)

CHW SUSTAINABILITY SUMMIT (APRIL 16-18)

TOPICS	
<p>The CHW Sustainability Summit is focused on CHW workforce equity and developing strategies for achieving sustainability goals. Summit participants will explore sustainability topics that include:</p> <ul style="list-style-type: none"> • CHW leadership and ally support • Sustainable Funding approaches • Using evaluation to support CHW workforce sustainability and scalability • Aligning local and national efforts 	
OBJECTIVES	
<p>By the end of the summit, participants will be able to:</p>	
<p><i>CHW leadership and ally support</i></p> <ul style="list-style-type: none"> • Identify as a CHW or CHW ally in the CHW movement to sustain the workforce • Recognize the importance of CHW leadership in sustaining the CHW workforce <p><i>Aligning local and national efforts</i></p> <ul style="list-style-type: none"> • Identify key equity and leadership practices to advance CHW workforce sustainability. • See themselves as advocates and leaders for advancing CHW workforce equity 	<p><i>Using evaluation to support sustainability and scalability</i></p> <ul style="list-style-type: none"> • Articulate the long-term impact of CHW work and CCR funding for multiple audiences <p><i>Sustainable Funding Approaches</i></p> <ul style="list-style-type: none"> • Communicate CHW sustainability goals and values clearly and consistently across multiple contexts • Execute equitable financial sustainability strategies specific to their context in the final year of CCR funding

The Tools Appendix on the next page lists the tools available to you in the virtual binders. In the binders, each tool is accompanied by an example demonstrating what the tool looks like in action and details on how to receive support from **envision** to utilize the tools in alignment with your team’s specific sustainability goals. Some tools also include an instructional video.

Tools Appendix

Resources Inventory: When working toward a goal, it is helpful to start with an inventory of the resources you already have. Our relationships are a source of great power and our most valuable resource! A resource inventory is a place to compile your individual and collective assets and the connections you have (both personal and professional) as you think about what kind of resources will be needed to reach your goal.

Partnerships Table: Like a resource inventory, a partnerships table is a visual representation of who we need to strengthen relationships with to achieve our purpose/goal. The partnerships table provides a structured overview of potential collaborators and interested parties and is used in tandem with a Power Map. To learn more about using a partnerships table, attend the “Strategic decision making using a power map” workshop on Day 1.

Power Map: A visual tool that helps us to understand where power currently sits in a community (including the power that we have as individuals) and where/with whom we need to strategically build or grow relationships to achieve our goals. To learn more about power mapping, attend the “Strategic decision making using a power map” workshop on Day 1.

1:1 meetings - Intentional conversations between two people to understand a person’s needs, concerns, and interests related to a particular issue or cause. It aims to build relationships, gather insights, and mobilize collective action to address shared challenges and/or goals.

CHW Sustainability Goals worksheet: A goal setting tool that enables you and your team to have a shared understanding of what you are working on, and how it aligns with your vision for CHW sustainability in your community.

CHW Financial Sustainability Toolkit: To support a more comprehensive approach to financial sustainability, **envision** designed the CHW Financial Sustainability Toolkit. The toolkit uses relationship building as a central strategy to increase the collective power of the CHW workforce and supports CHWs and CHW allies to address complex CHW workforce sustainability challenges. Regardless of your stage in establishing CHW workforce sustainability, completing the planning exercises in the toolkit will assist you in advancing your goals and selecting the most effective strategies for your community. To learn about the Financial Sustainability Toolkit, attend the workshop “Intro to financial sustainability options” on Day 1. Join the “Financial Sustainability Toolkit team time” on Day 2 to start using the toolkit.

Issue Cutting: A prioritization tool that makes large, complex problems feel more manageable to take on and address. The issue cutting process helps us to reduce the scope of a problem in order to focus efforts on where change can really be achieved.

Message Box: A strategic communications tool that enables us to clearly communicate goals with a specific audience such as decision makers. This tool ensures that the message coming from both individuals and groups is unified and accurately represents the collective interests of the community. To learn more about using the message box tool, attend the workshop “Connect with your audience with unified messaging” on Day 2.

Reflections





Sustainability Foundations *Reflections*

Growing Your Network

How did you build/grow relationships today?

Take some notes to better remember the people you connected with today.

Who did you connect with?	Where are they from?	CHW or ally	Contact Info

Sustainability Foundations *Reflections*

Growing Your Network

How did you build/grow relationships today?

Take some notes to better remember the people you connected with today.

What did you learn about them?	What is the most meaningful connection you have with this person?	How might you collaborate or learn from this person?	What will you do to maintain this relationship?

Sustainability Foundations *Reflections*

Knowledge to Action

Which sessions did you attend today?

List some key learnings and takeaways to share with others in your community.

What is a goal you are working toward based on your learning from Day 1 of the Summit?

What steps are you committing to reach that goal?

Who is responsible for each step? In what ways can you share leadership in meeting this objective?

Steps	Who

Sustainability Foundations *Reflections*

Building community capacity

What is your plan for sharing what you learned today with the rest of your team?
Consider team members who are at the Summit with you and those who are not.

Support needed

What support do you need from **envision** to help achieve this goal?
(TA session, connect you to another team or Subject Matter Expert, etc.)

What support do you need from others in your community to complete this goal?

Sustainability Planning *Reflections*

Growing Your Network

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Sustainability Planning *Reflections*

Growing Your Network

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Take some notes to better remember the people you connected with today.

What did you learn about them?	What is the most meaningful connection you have with this person?	How might you collaborate or learn from this person?	What will you do to maintain this relationship?

Sustainability Planning *Reflections*

Knowledge to Action

Which sessions did you attend today?

List some key learnings and takeaways to share with others in your community.

What is a goal you are working toward based on your learning from Day 2 of the Summit?

What steps are you committing to to reach that objective?

Who is responsible for each step? In what ways can you share leadership in meeting this objective?

Steps	Who

Sustainability Planning *Reflections*

Building community capacity

What is your plan for sharing what you learned today with the rest of your team?
Consider team members who are at the Summit with you and those who are not.

Support needed

What support do you need from **envision** to help achieve this goal?
(TA session, connect you to another team or Subject Matter Expert, etc.)

What support do you need from others in your community to complete this goal?

Growing the CHW Sustainability Movement *Reflections*

Growing Your Network

How did you build/grow relationships today?

Take some notes to better remember the people you connected with today.

Who did you connect with?	Where are they from?	CHW or ally	Contact Info

Growing the CHW Sustainability Movement *Reflections*

Growing Your Network

How did you build/grow relationships today?

Take some notes to better remember the people you connected with today.

What did you learn about them?	What is the most meaningful connection you have with this person?	How might you collaborate or learn from this person?	What will you do to maintain this relationship?

Growing the CHW Sustainability Movement *Reflections*

Knowledge to Action

Which sessions did you attend today?

List some key learnings and takeaways to share with others in your community.

What is a goal you are working toward based on your learning from Day 3 of the Summit?

What steps are you committing to to reach that objective?

Who is responsible for each step? In what ways can you share leadership in meeting this objective?

Steps	Who

Growing the CHW Sustainability Movement *Reflections*

Building community capacity

What is your plan for sharing what you learned today with the rest of your team?
Consider team members who are at the Summit with you and those who are not.

Support needed

What support do you need from **envision** to help achieve this goal?
(TA session, connect you to another team or Subject Matter Expert, etc.)

What support do you need from others in your community to complete this goal?

Reflections

Reflections



References

We express our heartfelt gratitude to CHWs and community organizers whose dedication, wisdom, and tireless efforts have informed and enriched the content of these materials. The content and prompts are largely influenced by Community Organizing approaches from the Midwest Academy and re: power (formerly Wellstone Action), integrated with insights and materials from the CHW field. Your contributions have been instrumental in creating resources that embody the principles of community building and social justice.

Midwest Academy. (2001). Organizing for Social Change: Midwest Academy Manual. Seven Locks Press.

Wellstone Action. (n.d.). Training Programs for grassroots organizers. Wellstone Action.

Rush, C., Mason, T., Smith, D. O., Allen, C., Kuzma, A., & Mavhungu, B. (2023). Sustainable Financing of Community Health Worker Employment: Key Options for States to Consider. National Association of Community Health Workers. Retrieved from <https://nachw.org/wp-content/uploads/2023/12/sustainable-financing-of-community-health-worker-employment.pdf>

Resources



Resources from **envision** and National Partners

envision has collaborated with partners to align the national narrative for sustainability in an effort to inform CHWs, CHW allies, and programs on the different aspects of sustainability work occurring at the local, state, and national levels.

In this section of the CHW Sustainability Summit Participant Guide and Reflections Journal, you will find a summary page for each national partner that outlines the foundations of their work and key resources. It is a starting point meant to foster curiosity, build capacity, and encourage connection. Please visit the **envision** website to access the full versions of the featured resources, as well as additional tools from these partner organizations.

Visit the Summit Resource Page at

www.envisionequity.org/summit-resources, or scan the QR code.



envision is available to assist in accessing or working with any of the resources highlighted in this section.

Please email us at hello@envisionequity.org.

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envision

envision maintains a **resource database** of key capacity building resources in the following categories:

- **Advocacy**
- **Chronic Health Conditions**
- **Community Building**
- **COVID-19**
- **Health Equity**
- **Population Specific**
- **Program Implementation**
- **Sustainability**

Resources are responsive to the needs of CHWs and CHW programs who are implementing CHW programs and expanding their skillset to support sustainability. Resources are updated regularly to ensure timeliness and consideration of important trends in the healthcare landscape.

envision's approach to CHW Capacity Building alongside the **CHW Financial Sustainability Toolkit** were developed by **envision** to support programs in their sustainability journey and goals. The toolkit focuses on four main fiscal approaches, supporting CHWs and CHW allies to address complex CHW workforce sustainability challenges. It focuses on relationships and relationship building as a core strategy for advancing CHW financial sustainability goals.

envision hosts monthly **webinars** on key topics affecting the CHW workforce such as CHW self-care, chronic disease strategies for CHWs, and Medicare reimbursement. **envision** collaborates with subject matter experts from across the nation and a diverse range of sectors to promote engagement and learning. All webinars are recorded and posted to **envision's** website along with related resources.



envision supports organizations to advance their sustainability and programmatic goals, as well as to develop CHW leadership. **envision** provides resources for organizational capacity building that are responsive to current trends and challenges CHWs are facing. **envision** provides webinars and trainings to support further learning and practical application of key skills and foundational knowledge to strengthen CHW skillsets and organizational structure.

Myenvision encourages peer-to-peer connection, and provides space for CHWs to connect with each other across the nation to learn, share, and grow. The financial sustainability toolkit assists organizations to advance goals and select the most effective strategies for specific circumstances. Elevating sustainability strategies that are rooted in relationship building aligns with the values of the CHW workforce and the unique roles and needs of CHWs and programs.

envision collaborates with national partners to align the national narrative around the unique work and diverse roles of CHWs to promote advocacy, build strong partnerships, and support sustainability.



Resource Library



Other Trainings



myenvision



National Association of Community Health Workers (NACHW)

WHAT?

NACHW was founded in April 2019 as a 501(c)(3) national member-driven association in response to expressed need from CHWs, CHRs, Promotores, and other public health and social justice workforce members for a national voice for the CHW workforce. CHWs include Promotoras, Community Health Representatives, Doulas, Aunties, Peers, and more than 95 different work titles. NACHW's mission is to unify CHWs across geography, race, ethnicity, language, gender, sector, and lived experience to support communities to achieve health, equity, and social justice. NACHW has over 4,000 enrolled members from all 50 states, D.C., Puerto Rico and the Virgin Islands, and a growing number of tribal nations.

Key examples of NACHW's work include:

- **The Six Pillars of CHWs** communicates clearly who CHWs are, what their capacity is, and needs for sustainability
- **Sustainable financing report** for CHW employment
- **The playbook for local health department strategies** a collaboration with the National Community-Based Workforce Alliance to advance CHW engagement in COVID-19 response strategies

WHY?

During COVID-19, NACHW was a leading voice describing CHWs' insights, experiences, distribution of COVID-19 tests, and their perspectives on the public health emergency unwinding. NACHW created the first ever National CHW policy platform, CHW Awareness Week, and CHW Hill Day so that public and private organizations could respect, protect, and partner with them. NACHW creates and disseminates playbooks, tools, webinars, and reports to center CHW self-determination, to amplify the voices of CHWs and their Networks and Associations, to drive racial and health equity in CHW policy, and to pursue CHW sustainability. NACHW provides data for action in the areas of CHW workforce identity, roles, training, pay equity, integration, partnerships, leadership, and barriers to advancement and sustainability.



Center for Community Health Alignment (CCHA)

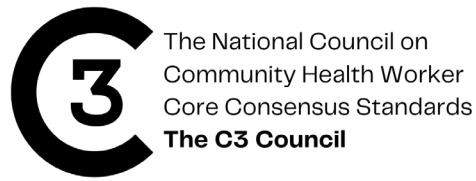
WHAT?

Housed at the Arnold School of Public Health at the University of South Carolina, the Center for Community Health Alignment's (**CCHA**) mission is to use evidence-based practices and meaningful engagement strategies to co-create solutions with community leaders that address health inequities in the Palmetto State, regionally, and nationally. CCHA shapes and nourishes the professional development of community health workers (CHWs) by offering training, technical assistance, program implementation, and researching best practices for professional CHW program implementation and multidisciplinary team integration.

Based on feedback from CHWs, CCHA has crafted evidence-based, community-responsive toolkits focused on CHW workforce implementation, social determinants of health screenings, CHW program evaluation, and addressing perinatal health disparities. The Center has also developed a **CHW Core Competency Training Curriculum** that follows nationally recognized best practices to provide foundational knowledge to begin and/or excel as a professional CHW. Additionally, CCHA has crafted the curriculum for, and continuously works to improve, diverse trainings for CHWs focused on areas of expertise such as oral health, health and racial equity, CHW supervision, and chronic disease prevention and management. In collaboration with regional partner organizations, CCHA serves as the backbone of the **Southeast Community Health Worker Network** to cultivate regional coalitions focused on CHW self-determination, professional advocacy, sustainable CHW financing, state credentialing, and the advancement of state CHW associations.

WHY?

For too long, the perspectives of individuals who are most impacted by health inequities have been missing from conversations about their own health and well-being. CCHA was created to ensure well-trained and supported CHWs are in every community, to support access to culturally and linguistically appropriate care for all, and so that communities most impacted by health inequities have a voice at the table. The breadth of the Center's collective experience, rooted in uplifting CHW voices and self-determination, is central to their work as a nationally recognized leader in training and technical assistance. In responding to the needs of the CHW workforce and promoting sustainability across the Palmetto State, regionally, and nationally, CCHA works to create a future in which CHWs receive the professional recognition and unwavering financial backing they deserve.



The National Council on Community Health Worker Core Consensus Standards (The C3 Council)

WHAT?

The National Council on Community Health Worker Core Consensus Standards' (The C3 Council) primary aims are to **expand cohesion in the field** and to **contribute to the visibility and greater understanding of the full potential of Community Health Workers (CHWs)** to improve the health, community development, and access to systems of care.

The C3 Council created a single set of nationally recognized and accepted **CHW roles and competencies** for those both inside and outside the field to reference as they work to build greater support for and sustainability among CHWs in all settings.

After the roles and competencies were released, C3 began exploring best practices related to the assessment of CHW skills to examine the potential impact of CHWs' service setting on CHW roles and skills. They also conducted outreach to expand understanding and adoption of the roles and competencies. This led to the publication of the **CHW Assessment Toolkit**. The toolkit provides field-driven, evidence-based recommendations, tools, and resources for supporting a comprehensive assessment of CHW work.

WHY?

The C3 Council provides important baseline resources for all CHWs and programs who are looking to deepen their understanding of the full scope of CHW practice and capacity to serve individuals and communities. C3 also advocates the importance of aligning the national narrative around CHW work towards sustainability.

3 The National CHW Core Consensus Project

Current Field-Driven CHW Roles & Competencies



Defines comprehensive CHW roles, skills, and qualities



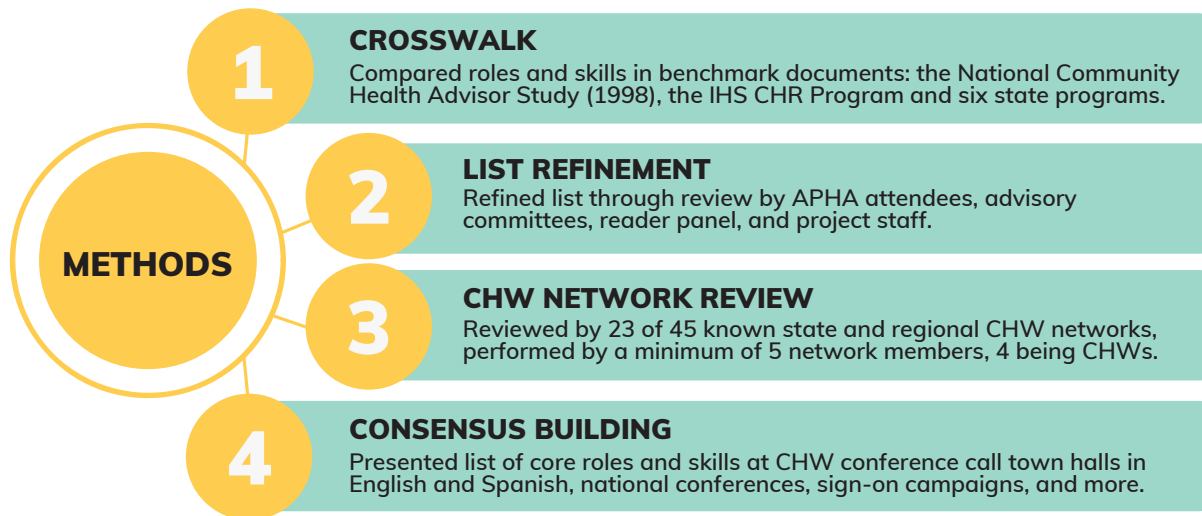
Establishes national consensus



Provides guidance for improving CHW practice and policy

WHY CHW CORE ROLES AND COMPETENCIES?

The C3 Project's primary aims are to **expand cohesion in the field** and to contribute to the visibility and greater understanding of the **full potential of CHWs** to improve health, community development, and access to systems of care. Importantly, the C3 Project offers a **single set of CHW roles and competencies** (competencies = qualities + skills) for reference by those both inside and outside the field as they work to build greater support for and sustainability among CHWs in all settings.



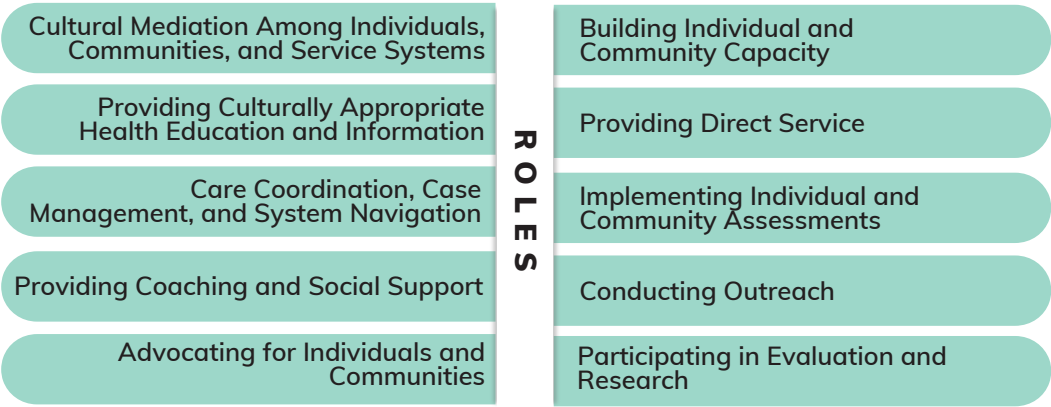
CHW CORE COMPETENCY ASSESSMENT

Evaluating the CHW field is about more than CHWs' impact on others. The C3 Project focused on how to perform CHW-driven, 360-degree reviews and assessments of CHW capacity based on the core roles and skills. The C3 Assessment Toolkit identifies guiding principles for field-driven, practice-based recommendations, tools, and resources to empower CHWs to work at the top of their skill set.

CHWS WORK ACROSS MANY SETTINGS

CHWs are regularly working in a variety of physical settings and crossing boundaries from community to clinical, in churches, grocery stores, schools, homes, health centers, and hospitals. The C3 Project, working with networks and organizations, found that the core roles, qualities, and skills stay the same, regardless of the setting and physical location of the CHW work.

The C3 Core Roles & Competencies



**The C3 Project did not develop a list of CHW qualities but rather endorsed existing research.*

The C3 Project supports the CHW field value of self-determination. CHW leadership is central to every aspect of the project, from planning to implementation. We are grateful to the many CHWs and allies that participated in the creation, revision, and outreach efforts of the core roles and competencies and the evaluation and assessment projects. Partners sat on councils and working groups, reviewed the roles and skills, participated in listening groups and surveys, and much more. **Thank you!**



C3 PROJECT TEAM MEMBERS



Community Health Worker Center for Research & Evaluation (CHW-CRE)

WHAT?

CHW-CRE, formerly the CHW Common Indicators Project, is a group of CHWs and long-time allies who came together in 2015 to identify and promote the use of common process and outcome indicators for CHW practice. The organization expanded in 2023 to include a focus on building and modeling CHW leadership in research and evaluation. Resources from CHW-CRE include:

- **CHW Common Indicators:** A series of indicators – developed with and vetted by CHWs – that measure the workforce conditions CHWs need to be successful and the outcomes CHWs are uniquely positioned to achieve.
- **Introduction to Popular/People’s Education: A Manual for All:** Provides information about the history of popular/people’s education, a philosophy and methodology that has been used successfully around the world to create settings where people most affected by inequities can share what they know, learn from one another, build their knowledge using interactive techniques, and use what they know to solve community problems and create a more just and equitable society. The manual provides guidance about how to use a variety of key popular education methods and techniques, including step-by-step directions for more than 20 dinámicas or movement-building activities.

WHY?

Collecting data about conditions like compensation, benefits, and opportunities for advancement (Indicator #1) and CHW integration onto teams (Indicator #5) allows us to improve working conditions for CHWs. Understanding which of the 10 core roles CHWs are playing (Indicator #2) allows us to compare roles across settings and assess whether CHWs are supported to play a full range of roles. Showing associations between CHW programs and improvements in outcomes like empowerment (Indicator #9) and social support (Indicator #8) strengthens the case for fully funding and sustaining CHW positions and programs.

The Guide to Using the CHW Common Indicators is intended as an introduction to the CHW Common Indicators. It includes abbreviated versions of the indicators and provides a brief overview of the need for the indicators, how they were developed, and how they should be



used. It is intended to be used as a companion to the **CHW Common Indicator Grid**, which provides a complete version of each indicator.

Popular/people's education, which has also been called empowerment and Freirian education, grows out of many of the same roots and shares common principles with the CHW movement. Two core principles to both movements are that 1) people most affected by inequities are the experts about their own experience and 2) the knowledge we gain through life experience can be just as important as, and sometimes more important than, the knowledge we gain through formal education. When the CHW model and popular education are used together, as they have been in many places around the world, they can accomplish more than either model could alone, because they build on and strengthen one another.

CHWs, researchers, and program staff who wish to use the indicators in their work are invited to contact the CHW Center for Research and Evaluation at info@chwcre.org for assistance and information.

CHW Common Indicators Project: Indicators for Priority Constructs (version 08-24-2023)

(References available upon request.)

Construct	Definition	Rationale for Measuring	How to Operationalize
#1 CHWs' level of compensation, benefits, and promotion (PROCESS)	The salary paid to CHWs in relation to their FTE and local cost of living, in addition to the presence or absence of various benefits, as well as opportunities for promotion	<i>Justice:</i> Insufficient payment is exploitative and unfair. (2) <i>Effectiveness/performance:</i> Sufficient compensation allows CHWs to dedicate their full time and attention to community health work because it provides for all their material needs. (3) <i>Addressing poverty and lack of good jobs within communities:</i> Sufficient compensation for CHWs can facilitate a pathway out of poverty over the long-term. Living wage CHW jobs provide job development in communities.	Method 1: CHW surveys Method 2: CHW employer surveys
#2 CHW enactment of the 10 core roles (PROCESS)	How often individual CHWs or a group of CHWs within a program, organization, state, or region enact each of the 10 core roles defined by the CHW Core Consensus (C3) project.	Collecting these data is critical to evaluating the unique contributions of CHWs and the outcomes they achieve. Research suggests that CHWs are better able to contribute to improving health and decreasing health inequities when they are supported to play a full range of roles. In addition, clarity about CHW roles can foster CHW integration into teams and will also allow training to be geared to meet CHWs' needs, and/or to emphasize the necessity of playing a full range of roles.	CHW Encounter Forms or other forms used to track CHW interactions with individuals and groups.
#3 CHW-facilitated referrals (PROCESS)	Completed referrals facilitated by the CHW, through which the participant successfully receives attention, care, and/or resources from a clinic, other healthcare or social service agency or public service.	Making and facilitating referrals for community members to needed and appropriate health or social services is directly connected to at least 7 of the 10 core roles of a CHW as defined by the C3 project. This key component of CHW work is currently being measured at the individual programmatic level, and although there are various models and survey questions used within the domestic and international setting, there is no recommended standard instrument that can be used to generate national data sets for this activity.	CHW Encounter Forms or other forms used to track CHW interactions with individuals and groups (paper or digital).
#4 CHW involvement in decision- and policy-making (PROCESS)	The extent to which a CHW is able to be involved in policy making both within their own organization and in the larger community on work time and/or as part of their volunteer commitment.	Policy making is one of the three core functions of public health. CHWs' ability to address the social determinants of health and eliminate health inequities depends on their ability to create and influence health-promoting policy, both within and outside their employing agency. Being able to influence policy depends on knowing who to work with, being trusted by other policy actors, and being supported to engage in policy making on work time.	CHW surveys
#5 CHW integration into teams (for example, health care teams) (PROCESS)	The extent to which CHWs are members of a collaborative and communicative 'team' with other providers (i.e. nurses, doctors, social workers, health educators, pharmacists, etc.) within a clinic, school, social service agency, etc.	Well-functioning, transdisciplinary teams have been recognized by the Institute of Medicine as key to the safety and quality of care across multiple settings. Integration of CHWs into transdisciplinary healthcare and social service teams is widely recognized as key to the effectiveness, cultural appropriateness, and quality of care. Despite wide recognition of its importance, integration of CHWs into care teams and its impact on team functioning are rarely measured. Also, while care teams more frequently include CHWs, this often may not yet represent their meaningful integration as full participants in care teams.	CHW surveys

<p>#6 Participant self-reported physical, mental, and emotional health (OUTCOME)</p>	<p>The self-reported assessment of perceived physical, mental and emotional health and quality of life.</p>	<p>An indicator of self-reported health is important for monitoring and assessing the perceived general and functional health and quality of life of individuals and populations. It is widely used in the U.S. and worldwide, relatively easy to measure, and generally correlates well with clinically measured health status, use of health services and health care costs. Self-reported health “incorporates the voices of individuals” and provides “a more holistic view of overall health.”</p>	<p>Participant surveys</p>
<p>#7 Participant health care and social needs (OUTCOME)</p>	<p>Health care and social needs currently experienced by the participant.</p>	<p>A key proven outcome of CHW action is more secure access among participants (and their households) to primary care and various social services that may be needed (e.g., food banks, housing support, legal support, etc.). More secure access to primary health care and social services, in turn, is crucial to the wellbeing of marginalized households and communities.</p>	<p>Participant surveys or assessments</p>
<p>#8 Participant social support (OUTCOME)</p>	<p>The level of support (i.e., assistance/help) that participants perceive from others to deal with regular and emergent life challenges, including economic, social, health, and emotional challenges.</p>	<p>The presence of social support has been associated with faster recovery from illness, responsiveness to treatment in stress-related illnesses, fewer pregnancy complications, decreased levels of depression, greater life satisfaction, and better well-being. Lack of support is strongly associated with increased morbidity and mortality. CHWs provide social support both directly, by accompanying community members, and indirectly, by linking them to existing groups and starting new ones.</p>	<p>Participant surveys</p>
<p>#9 Participant empowerment (OUTCOME)</p>	<p>A composite measure assessing both actual and perceived empowerment. Includes 10 domains: self-efficacy, sense of community, perceived control at the community level, decision-making ability, education/knowledge/skills, critical consciousness, optimism, inner peace, communication, and resources.</p>	<p>Empowerment is recognized by the World Health Organization and health agencies around the world as a core concept in health promotion and integral to the achievement of social equity. Empowerment independently predicts self-reported health status and depression, and is in the pathway to improved health, making it a good intermediate measure of health status. Increasing empowerment is seen as a critical CHW function; it has also been hypothesized that CHWs are unique among other health and social service professionals in their ability to support participants to increase their empowerment.</p>	<p>Participant surveys</p>
<p>#10 Policy and system change: program/ employer level (OUTCOME)</p>	<p>Policies and system changes at the <i>employer level</i> that address CHW workforce development and sustainability (e.g., training, payment, etc.).</p>	<p>The CHW workforce is best respected and stabilized through policies that support their sustainability, including a recognized definition and scope of practice/roles, core-competency-based training, voluntary certification mechanisms, appropriate supervision, and payment mechanisms that support sustained employment, e.g., general funds and insurance company payment. CHW employers and programs can institute these policies at the CHW employer/program level.</p>	<p>CHW program/employer surveys</p>
<p>#11 Policy and system change: state level (OUTCOME)</p>	<p>Policies and system changes at the <i>state level</i> that address CHW workforce development and sustainability (e.g., training, payment, etc.).</p>	<p>State governments can also facilitate policy and systems changes that support CHW programs, employers and the CHW workforce. These changes include, for example, a recognized definition and scope of practice/roles, core-competency-based training, voluntary certification mechanisms, appropriate supervision, and payment mechanisms that support sustained employment, e.g., general funds and insurance company payment.</p>	<p>Systematic review of a state government’s policies and practices</p>

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#5 CHW integration into teams (for example, health care teams) (PROCESS)	The extent to which CHWs are members of a collaborative and communicative 'team' with other providers (i.e. nurses, doctors, social workers, health educators, pharmacists, etc.) within a clinic, school, social service agency, etc.	Well-functioning, transdisciplinary teams have been recognized by the Institute of Medicine as key to the safety and quality of care across multiple settings. Integration of CHWs into transdisciplinary healthcare and social service teams is widely recognized as key to the effectiveness, cultural appropriateness, and quality of care. Despite wide recognition of its importance, integration of CHWs into care teams and its impact on team functioning are rarely measured. Also, while care teams more frequently include CHWs, this often may not yet represent their meaningful integration as full participants in care teams.	CHW surveys



American Public Health Association (APHA) CHW Section Policies

WHAT?

APHA serves as a convener, catalyst, and advocate to build capacity in the public health community. APHA's mission is to champion optimal, equitable health and well-being for all. APHA sections are the primary professional units of the association and conduct activities that promote the mission and fulfill the goals of APHA. The APHA CHW Section advocates for and promotes the voice and role of CHWs within public health, the community, and in healthcare settings; contributes to the development of the CHW (including Promotores de Salud and Community Health Representatives) through policy, development opportunities; and provides a forum to share resources, activities, and strategies nationally.

The section has published four policies to recognize and promote the CHW workforce as a key demographic of the frontline public health workforce:

- **Recognition for Community Health Workers' Contributions to Meeting Our Nation's Health Care Need (2001):** Urges the healthcare workforce to recognize the unique skills and value of CHWs, while advocating for more equitable systems for CHWs to work and thrive in.
- **Support for Community Health Workers to Increase Health Access and to Reduce Health Inequities (2009):** Urges the healthcare workforce to recognize the challenges CHWs face when integrating into health systems and support CHW workforce development. Importantly, this policy includes a definition of CHWs developed within the APHA CHW section with national representation of CHWs and CHW advocates.
- **Support for Community Health Worker Leadership in Determining Workforce Standards for Training and Credentialing (2014):** The APHA CHW self-determination policy is a foundational policy supporting the “nothing about us without us” model. It urges entities considering creating policies regarding CHW training and credentialing standards to engage in collaborative CHW-led efforts, and generally recommends working groups composed of at least 50% self-identified CHWs.



- **A Strategy to Address Systemic Racism and Violence as Public Health Priorities: Training and Supporting Community Health Workers to Advance Equity and Violence Prevention (2022):** Endorses CHWs as violence prevention and racial equity experts, and calls for providing training, support, and programming for CHWs to build health equity by responding to racial inequities and preventing violence within historically oppressed populations.

APHA has a monthly newsletter called, *The Nation's Health*. In December 2023, the newspaper highlighted CHW work: **As pandemic ebbs, community health worker funding drying up.**

WHY?

These policies provide an understanding of how national policy promotes the sustainability of CHW programs across the nation.

To support the “nothing about us without us” model, and the APHA CHW self-determination policy that says any initiative affecting the CHW workforce has at least 50% CHW representation, these policies were co-endorsed by CHWs.

APHA provides a national stage for CHWs to convene and share the important work they are doing, creating more visibility and opportunities for relationship building as programs look for sustainable funding and programmatic support.

The NATION'S HEALTH

A PUBLICATION OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The official newspaper of APHA | Share this issue online Oct. 31 at www.thenationshealth.org

November/December 2023

Programs look for ways to pay workers

As pandemic ebbs, community health worker funding dries up

BENNY GATES was concerned. The elderly man he bought groceries for each week had not called him that day as usual. So late morning, he rang up the Henrico County, Virginia, resident, who answered but spoke in garbled sentences. The man was having a stroke.

Gates, a community health worker, called 911, and responders later told him he saved the older adult's life.

"That's the type of thing that as a community health worker you do, and these experiences, they happen all the time," Gates told *The Nation's Health*. "I'm sure all of the community

helpers can tell you stories like this."

For years, Gates has worked for community organizations that help vulnerable people in the Richmond, Virginia, area be healthier. His days might include finding people

See **HEALTH WORKERS**,
Page 14



Photo by Mayra Beltran Vasquez, courtesy Los Angeles County
Veronica Ramirez, a Los Angeles community health worker, registers Robert Burnett at a 2020 flu shot clinic. The ranks of U.S. CHWs swelled during the pandemic, but funding is drying up.

More programs shifting work away from law enforcement

Mental health crisis response being reshaped

FOR many people experiencing a mental health crisis, calling for help ends in jail instead of treatment.

That was frequently the case in Orland Park, Illinois, located just south of Chicago. Residents experiencing a mental health emergency who called 911 — or whose families did — were often arrested or taken to emergency departments, which are already overburdened and typically ill-equipped to provide mental health treatment.

The decision to call 911 can also be a fatal one. A 2015 report from the Treatment Advocacy Center found that people with untreated mental illness are 16 times more likely to be killed during a police encounter. Federal data show about a quarter of people in jail meet the standard for serious psychological distress.

"A lot of people can't access regular mental health services, so things build and build and build until it hits a crisis point," said Bonnie Hassan, MA, director of outpatient services at Trinity Services, a



Photo courtesy White Bird Clinic/CAHOOTS

Medics and workers from Crisis Assistance Helping Out on the Streets answer a call in 2019. The all-civilian, unarmed team responds to 911 mental health calls without police.

mental health provider in Orland Park. "They don't know what to do, so they call 911."

In 2020, with the support of a Department of Justice grant, Trinity Services joined with Orland Park Police to scale up a new Mobile Crisis Response Unit that helps divert such calls away from the criminal justice system. The partnership lets police request a Trinity Services mental health provider — available around the clock — meet them at the scene and intervene in real time.

At the scene, the health

worker takes the lead, assessing a person's risk of self-harm and whether a hospital visit is necessary, and offers to connect them to mental health and social services. If a provider is not available to meet in person, police can request one join via video.

Over a two-month period in late 2020, Orland Park police responded to 61 mental health calls, and the Mobile Crisis Response Unit was on the scene for almost half, according to a DOJ brief from its Justice

See **CRISIS TEAMS**,
Page 16

APHA 2023 to inspire public health workforce in Atlanta

FOR GEORGIA PUBLIC HEALTH ASSOCIATION President-Elect Jimmie Smith, MD, MPH, having the Annual Meeting back in his state after several years is the icing on the cake — or in his case, the juice from a Georgia peach. Smith said he is looking forward to connecting with the estimated 12,000 public health professionals who will be gathering in Atlanta this fall.

"When you can bring those folks to your home

See **APHA 2023**, Page 8



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Some programs that support CHWs running out of funding

HEALTH WORKERS,
Continued from Page 1

transportation to medical appointments, delivering groceries to people who are food insecure and helping patients with chronic illnesses navigate the health care system.

The work by Gates and others like him serves an important need in the public health system and has been shown to improve health. A recent study in West Baltimore City, Maryland, found a 40% reduction in emergency visits in areas where community-based health workers were assigned, for example. Their connections to communities can often make inroads where government officials cannot.

Recognizing those connections, federal officials allotted more than \$500 million in emergency funding during the height of the COVID-19 pandemic to hire, train and deploy CHWs in communities nationwide. The workers educated residents on risks, answered questions and supported thousands of COVID-19 vaccination events, boosting uptake and helping to save lives in vulnerable communities. As the pandemic ebbs, many have been assigned to other public health needs.

But this year, many programs are losing that emergency funding, causing concern over sustainable pay for the expanded CHW workforce. Other federal health funding has arrived — notably a \$3.2 billion infusion in May from the Centers for Disease Control

and Prevention to strengthen the public health workforce and infrastructure — but how much will make it to community programs employing CHWs remains unknown.

Shanteny Jackson, MA, CCHW, CSAC, executive director of the Virginia Community Health Workers Association, said many local community health programs that employed CHWs in Virginia have not been renewed. A national survey this year found that 26% of CHWs said their employers were running out of funding and contemplating layoffs.

CHWs need new, sustainable funding sources to be able to continue their work and remain effective in public health, according to Denise Smith, MBA, CHW, PN, executive director of National Association of Community Health Workers.

Continued funding for CHWs sought

In Virginia, community health workers were integral to increasing COVID-19 vaccine uptake for people of color. By summer 2021, 40% of the commonwealth's Hispanic population was vaccinated for COVID-19, second only to white people in the state.

Ana Zuñiga, a health educator at Blue Ridge Health District in Charlottesville, Virginia, took part by knocking on doors, working in a call center and offering bilingual assistance. Despite her hours being cut as the pandemic has waned, she has continued educating on health,



Photo courtesy Multnomah County Communications, via Flickr Creative Commons
Community health workers in Multnomah County, Oregon, celebrate their three years of work battling COVID-19 in May. The gathering was described as bittersweet, as federal funding for their "wraparound" work was coming to an end.



Photo courtesy Virginia Community Health Workers Association

Members and staff of the Virginia Community Health Workers Association pose in January in front of the Richmond City Health District offices.

helping people with appointments and facilitating transportation for care.

"Sometimes we don't have the money to serve others," Zuñiga told *The Nation's Health*. "That gives us a lot of stress."

Community-based organizations, individual and family services, and local governments are the primary CHW employers, though in recent years hospitals and health care clinics have hired them, too. While some CHWs are paid through an organization's operation budget, most are paid through grants, which are not a sustainable funding stream.

Smith was a community-based health educator for 22 years, primarily for the Central Area Health Education Center in Hartford, Connecticut. Funding came from grants, such as for HIV testing outreach, nutrition education, and maternal and child health support.

"I learned to write grants the first year I started working there," Smith told *The Nation's Health*. "And every year or two I had to write a grant to keep my job."

CHW is an umbrella term for a host of public health positions, such as promotores de salud, community health aide, health educator and patient navigator. The U.S. Bureau of Labor Statistics estimates there are about 61,300 CHWs in the nation.

But employers do not follow the Department of Labor's CHW definition, meaning the department's estimate fails to capture the actual CHW workforce, according to Smith. Data on CHWs is lacking at every

level of government, making it difficult to estimate exact numbers.

Using Medicaid to support CHWs

These days, many states are looking to Medicaid funding as a sustainable way to keep community health workers on their staff. The pathway opened in 2014, when the Centers for Medicaid and Medicare Services broadened the preventive services rule to allow unlicensed health workers to be eligible for Medicaid reimbursement for their work. To qualify, CHWs must meet a state's requirements for education, training and credentials.

About half of states allow CHW Medicaid reimbursement, according to the National Academy of State Health Policy, and efforts to reimburse CHWs beyond chronic care are growing. Washington state is piloting CHW reimbursement in pediatric primary care, and New York announced this summer that next year CHWs will be reimbursed for services for pregnant and postpartum people.

But progress is hampered by lack of data on the workforce. To convince state lawmakers in holdout states to greenlight Medicaid reimbursement for CHWs, data on what they do, who they serve and their successes can be a game-changer, Smith said. And with the data, states can more effectively trans-

late CHW services into Medicaid reimbursement codes, getting more employers on board.

Workplace data also helps match workers' skill sets with residents in need, she said. A CHW who has experienced pregnancy and postpartum recovery, for example, could be matched with residents needing services in those areas.

But lack of data is not the only problem. Community-based organizations struggle with navigating the Medicaid reimbursement process, Smith said. One barrier is that community organizations usually do not have billing departments, a physician or other eligible practitioners on staff who supervise CHW employees for billing purposes. The National Association of Community Health Workers has asked CMS to issue guidance.

"It is currently impossible for most CBOs to bill Medicaid for CHW services," Smith said.

Despite the issues, progress has continued among states, said Elinor Higgins, a policy associate on population and public

health at the National Academy for State Health Policy. Over the last year, several states have committed to Medicaid reimbursement

for CHWs. Maine is exploring a multi-pay model that includes Medicaid, and Vermont, which already uses the multi-pay model, is exploring additional sustainable funding.

"States saw during the pandemic where CHWs fit, and they would like to keep it going," Higgins told *The Nation's Health*.

APHA's Community Health Workers Section will have a full lineup of sessions dedicated to the workforce during the Association's upcoming Annual Meeting and Expo in Atlanta. An afternoon session on Sunday, Nov. 12, will examine federal, state and local support for CHWs and opportunities for expansion.

For more information, visit www.apha.org/annualmeeting and www.nachw.org. ■

— Mark Barna

"States saw during the pandemic where CHWs fit, and they would like to keep it going."

— Elinor Higgins



Mid-America Regional Council (MARC) & Medicare Physician Fee Schedule Rule

WHAT?

The **Mid-America Regional Council (MARC)** is a non-profit association of city and county governments and the metropolitan planning organization for the bistate Kansas City region.

In 2022, MARC published a toolkit called **Reimbursement Strategies for Employers of Community Health Workers**. The pathways outlined in this toolkit represent reimbursement opportunities for CHW interventions that exist broadly within the current health care market, not dependent on federal or state level policy change. The introductory chapter of the toolkit includes information about the roles and scope of work of CHWs, before delving into topics such as health care funding in the United States, reimbursement to health care providers, and Center for Medicare and Medicaid Services (CMS) value-based care initiatives.

In 2024, **CMS** released its new **Physician Fee Schedule (PFS)**. The PFS is the overarching policy mechanism that contains a complete listing of fees used by Medicare to pay doctors and other suppliers/providers. One of the toolkit authors, Tim McNeil, facilitated a **webinar** with Partners to Align Health in November 2023 — *The Medicare Physician Fee Schedule Includes Codes to Address HRSNs...What Happens Next?* — outlining the effects of the 2024 CMS ruling on the CHW workforce.

WHY?

The reimbursement strategies toolkit is a first step to starting to learn about different funding mechanisms and how they all work together to form a comprehensive financial sustainability plan. It is designed to provide the tools for CHW organizations to bill health payers for CHW interventions, and is structured so that information can be easily accessed depending on your CHW organization's knowledge and experience with health care reimbursement.

CMS is the federal agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system. The 2024 ruling included policy changes for Medicare payments and significant coding and payment changes for services to address health-related social needs. The language in the policy has direct effects on how CHWs reimburse for their services. The 2024 PFS put out by CMS has big implications for CHW workforce financial sustainability as it relates to Medicare reimbursement for CHW services, and it is an essential piece to understanding what financial sustainability will look like for the workforce in the coming years.



Centers for Disease Control & Prevention (CDC) & National Center for Chronic Disease Prevention & Health Promotion (NCCDPHP)

WHAT?

As the nation's health protection agency, the **Centers for Disease Control and Prevention (CDC)** saves lives and protects people from health threats. To accomplish its mission, CDC conducts critical science and provides health information that protects our nation against expensive and dangerous health threats, and responds when these arise. CDC is part of the U.S. Department of Health and Human Services.

CDC's **National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)** helps people and communities prevent chronic diseases and promotes health and wellness for all. NCCDPHP works to reduce the risk factors for chronic diseases, especially for groups affected by health disparities, which are differences in health across different geographic, racial, ethnic, and socioeconomic groups. NCCDPHP works to:

- Find out how chronic diseases affect populations in the United States.
- Study interventions to find out what works best to prevent and control chronic diseases.
- Fund and guide states, territories, cities, and tribes to use interventions that work.
- Share information to help Americans understand risk factors for chronic diseases and how to reduce them.

CDC and NCCDPHP promote the role of Community Health Workers (CHWs), including Promotores de Salud and Community Health Representatives, in community activities and interventions that promote health and prevent disease and disability.

CDC's **Community Preventive Services Task Force (CPSTF)** is an independent, nonfederal panel of 15 public health and prevention experts that develops The Community Guide, which is a collection of evidence-based recommendations and findings. CPSTF has recommended interventions that engage CHWs for cancer screening, breast cancer, cervical cancer, colorectal cancer, heart disease and stroke prevention, and diabetes management and prevention. The **Community Guide** includes findings specific to each of these chronic conditions with recommended interventions to promote a better understanding of the role of CHWs to address them.



CDC's **CHW Workgroup** includes members from across the agency with experience or interest in CHWs' work. It works to empower communities to create environments that will help people be healthier, and to create and support CHW programs that help meet public health goals. The workgroup maintains an updated set of resources from programs across CDC that may be useful for CHWs, community-based organizations (CBOs), health insurers, healthcare providers, public health professionals and members of the general public.

WHY?

CDC's vision is, "Equitably protecting health, safety & security." The agency puts science into action to help children stay healthy so they can grow and learn; to help families, businesses, and communities fight disease and stay strong; and to protect the public's health. NCCDPHP's programs prioritize health equity-focused approaches in the prevention and management of chronic disease conditions to better identify markers of health disparities and address root causes and drivers of health inequities. CHWs are important partners in these efforts.

For example, the **Community Health Workers for COVID Response and Resilient Communities (CCR)** initiative helps put more trained community health workers (CHWs) in communities that have been most affected by COVID-19. CHWs are well-positioned to reach the communities most affected by COVID-19, stop the spread of COVID-19, and help communities move toward health equity. CCR aims to decrease the effect of COVID-19 on people who are most at risk. It also aims to improve communities' ability to respond to COVID-19 and future public health emergencies. To do this, CCR-funded programs are carrying out activities aligned with three high-level strategies over three years:

- Train CHWs on the knowledge, roles, and skills needed to support the COVID-19 public health response.
- Deploy CHWs to help manage COVID-19 outbreaks and prevent the spread of COVID-19.
- Engage CHWs to strengthen community resilience, which is a community's ability to provide the resources, support, and interactions necessary to help community members improve overall health, cope with trauma, and prepare for future public health emergencies.

An important forthcoming resource was introduced during the CHW Sustainability Summit. The new **SUSTAIN** Framework (see slides from Summit Workshop) offers seven approaches that address CHW sustainable financing viewed within the context of CHW workforce sustainability. The framework explains why each approach is important to address CHW sustainable financing and identifies actionable practices that public health practitioners can take to address each approach.



The Association of State and Territorial Health Officials

WHAT?

ASTHO is a nonprofit organization that supports the work of state and territorial public health officials and furthers the development and excellence of health policy nationwide. ASTHO's membership is comprised of 59 chief health officials from each of the 50 states, Washington, D.C., five U.S. territories, and three Freely Associated States. ASTHO's primary functions are to:

- Develop strong and effective public health leaders
- Improve public health through capacity building, technical assistance, and thought leadership
- Advocate for resources and policies that improve the public's health and well-being

The Role of State and Territorial Health Agencies in Supporting and Hiring Community Health Workers

is crucial to the sustainability of the workforce, and ASTHO provides recommendations to the public health community to enact new practices or build upon existing successes to further develop successful activities regarding the support and hiring of CHWs. ASTHO also collaborated with the **National Association of CHWs (NACHW)** to publish a brief, **Community Health Workers: Evidence of Their Effectiveness**, which summarizes research studies showcasing evidence-based outcomes of CHW interventions that may be critical to securing funding towards sustainability for the workforce.

WHY?

ASTHO is committed to building public health official awareness of state-level CHW policies that support the CHW workforce, such as policy options regarding **certification** and **financing**. Policy is an important piece of the sustainability puzzle, and **ASTHO's members** can be strong allies in building CHW infrastructure and educating policymakers about the importance of such investments, as well as ensuring that CHW voices are held central in any policymaking activities.



OASH

Office of the Assistant Secretary for Health Sustainability Webinars

WHAT?

The Office of the Assistant Secretary for Health (OASH) oversees the U.S. Department of Health and Human Services key public health offices and programs, a number of presidential and secretarial advisory committees, 10 regional health offices across the nation, the Office of the Surgeon General, and the U.S. Public Health Service Commissioned Corps.

Community Health Worker Workforce - Getting to Sustainability is a four-part series that demonstrates how regions, states, tribal nations, and territories are advancing the CHW workforce and moving toward sustainability through policy and practice. Topics include:

- A historical overview of the CHW workforce with examples of various ways in which CHWs have engaged in the health and well-being of their communities
- Examples of recently implemented efforts to build the infrastructure for the workforce through certification or workforce taskforce creation
- CHW sustainability strategies through policy and practice, and sustaining efforts for the long-term

WHY?

This series provides a comprehensive overview of sustainability efforts at the regional, state, and national levels. Speakers come from a wide variety of perspectives including CHW leaders, state association directors, state and federal health agencies, and the National Association of Community Health Workers (NACHW). The series is designed to immerse CHWs and CHW programs in the ways regional, state, and national conversations around sustainability are aligned, sharing examples from both policy and practice on applying sustainability strategies to CHW work.

To listen to the full versions of the OASH webinars visit the Summit Resource Page.

Please use the following passcodes:

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- **Session 2:** @fTF63\$C
- **Session 3:** ESJsRF\$4
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National Network of Public Health Institutes (NNPHI)

WHAT?

The **National Network of Public Health Institutes (NNPHI)** is the central hub for public health institutes working to improve public health in the United States. A public health institute is a nonprofit organization dedicated to advancing public health practice and making systematic improvements to population health. NNPHI members and partners convene at the local, state, and national levels in efforts to address critical health issues. NNPHI provides:

- Technical assistance and training
- Research and program evaluation
- Stakeholder convening, facilitation, and management
- Organizational capacity building
- Program development and implementation
- Administrative Partner services

An example of the types of resources NNPHI provides is the **Public Health Learning Navigator**, a curated catalog of public health training. Not all trainings in the Navigator are CHW-specific, and NNPHI is actively engaging CHWs and partners to bolster CHW-appropriate trainings in the Navigator.

The **Public Health Infrastructure Grant (PHIG)** is a groundbreaking, multi-billion investment from the Centers for Disease Control and Prevention (CDC) to help health departments strengthen their workforce and infrastructure. PHIG is significant for several reasons, most importantly that it is non-categorical, in contrast to most federal public health funding which is generally targeted to a specific disease, activity, or population. The funding lasts for five years, as opposed to most public health funding, which is typically provided annually (or at most over a two- to three-year period). As of December 2023, there are 107 health department recipients across all 50 states and Washington D.C. For a comprehensive overview of PHIG funding, read KFF's article, *New Federal Support for the Public Health Workforce: Analysis of Funding by Jurisdiction* (KFF is not affiliated with NNPHI).

NNPHI is one of three national agencies — alongside the Association of State and Territorial Health Officials (ASTHO) and the Public Health Accreditation Board (PHAB) — that were funded to provide training, technical assistance, and evaluation to health departments receiving **PHIG**



funding. NNPHI is using a “regional innovation hub” model consisting of one or more non-governmental health organizations that work with state, local, territorial, and tribal health departments to analyze and operationalize essential public health functions in their region. The model allows NNPHI to coordinate and deliver tailored training and technical assistance to PHIG recipients across the entire United States.

NNPHI and the Public Health Accreditation Board (PHAB) will evaluate the impact and success of the PHIG program as part of a collaborative partnership model called the PHIG National Evaluation Team (NET).

WHY?

As an organization, NNPHI is committed to elevating the essential role of CHWs in this new wave of public health workforce and infrastructure strengthening through PHIG funding. PHIG has important implications for CHW financial sustainability, and NNPHI’s hub model is additionally intended to foster sustainable collaboration and supportive relationships across the public health system that last beyond the grant period.



National Academy for State Health Policy (NASHP)

WHAT?

The **National Academy for State Health Policy (NASHP)** is a nonpartisan organization committed to developing and advancing state health policy innovations and solutions with a vision to improve the health and well-being of all people across every state. NASHP hosts policy academies, learning collaboratives, state-only convenings, national summits, and federal-state discourse meetings, and provides technical assistance to state leaders for a variety of committees including one dedicated to population and public health.

NASHP created an **interactive tracker** of **State Community Health Worker (CHW) Policies** that outlines the variety of approaches different states are taking to support the CHW services, including Medicaid state plan amendments (SPAs), 1115 demonstration waivers, and managed care organization (MCO) approaches. Additionally, NASHP has published **policy briefs** on *State Approaches to CHW Financing Through SPAs*, *Trends in State Policies that Support the CHW Workforce*, and blogs such as *Lessons for Advancing and Sustaining State CHW Partnerships*.

As of May 2023, NASHP has selected six states to receive in-state technical assistance related to CHW state policy development including Alaska, California, Maine, Mississippi, Oklahoma, and Tennessee. NASHP will engage these states through the end of the year and develop a daylong, in-state meeting to support state leaders as they align resources and collaborate with CHW representatives. NASHP, along with CHW policy subject matter experts, will help these states advance their goals related to sustainability, coordination, and collaboration in order to support the CHW workforce and advance health improvement goals.

NASHP staff will work with selected states to:

- Develop an individual state workplan to achieve project-specific goals within the context of each participating state's unique policy environment
- Learn from national, state, and local experts
- Identify and engage key partners within the state to advance common goals
- Provide technical assistance through ad hoc calls and an in-state convening that draw from other state examples, broader workforce strategies, and additional resources to advance project goals



WHY?

To accomplish its mission, NASHP:

- Advances innovation by supporting states in the development of new policies and programs
- Supports the implementation and spread of best practices by engaging states to inform data driven policy making at the state and federal level
- Ensures that states have the information, data, and tools to successfully design and implement policy, encourages sustainable cross sector solutions by strengthening partnerships across state agencies, as well as the executive and legislative branches and the private sector
- Elevates the state perspective for a wide range of groups, partners, and the public

NASHP has a robust portfolio of work supporting states as they navigate, develop, and implement policy supporting the CHW workforce and policy is an important piece of the sustainability puzzle. NASHP's work to keep the CHW workforce informed about changes and trends in state-level policies not only affects states' CHW programmatic and financial sustainability, but also paves the way for cohesive national policies that represent and support the important work of CHWs. NASHP demonstrates that supporting meaningful partnerships between states and CHW Associations can improve community health.

By providing tailored technical-assistance opportunities to states, NASHP is building states' capacity to make tangible progress toward aligning approaches that support and finance sustainable infrastructure for the CHW workforce.



Indian Health Service (IHS)

WHAT?

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. Community Health Representatives (**CHRs**) provide health care, health promotion, and disease prevention services, and advocate for the communities they serve. CHRs have a unique lived experience and tribal cultural competence that allows them to fill a variety of roles in tribal communities and improve outcomes in disease prevention, and removing barriers to health equity.

The IHS CHR program is an IHS-funded, tribally contracted program of well-trained and medically-guided CHRs. It was established by Congress in 1968 in response to the expressed needs of American Indian and Alaska Native governments, organizations, and the IHS for a program that would provide an outreach component to meet specific tribal healthcare needs. IHS supports training and education for **CHRs through e-learning modules**.

The **IHS National CHR Strategic Plan** was developed to support the vision and intended actions of the National CHR Program. The plan has five focus areas:

- Advocacy and awareness
- Partnerships
- Sustainability
- Workforce strengthening
- Data systems

WHY?

CHRs and the tribal communities they serve face unique challenges. In order to respond to these challenges, tribal organizations need to create culturally responsive sustainability plans. The IHS National Strategic Plan provides context for bolstering financial and programmatic sustainability work to respond to the needs of tribal communities and CHRs.



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about envision

The **envision** team is a multi-state partnership of CHWs and allies guided by the principle of *“nothing about us without us”*.

We are deeply invested in supporting CHWs and CHW programs in the work they do.

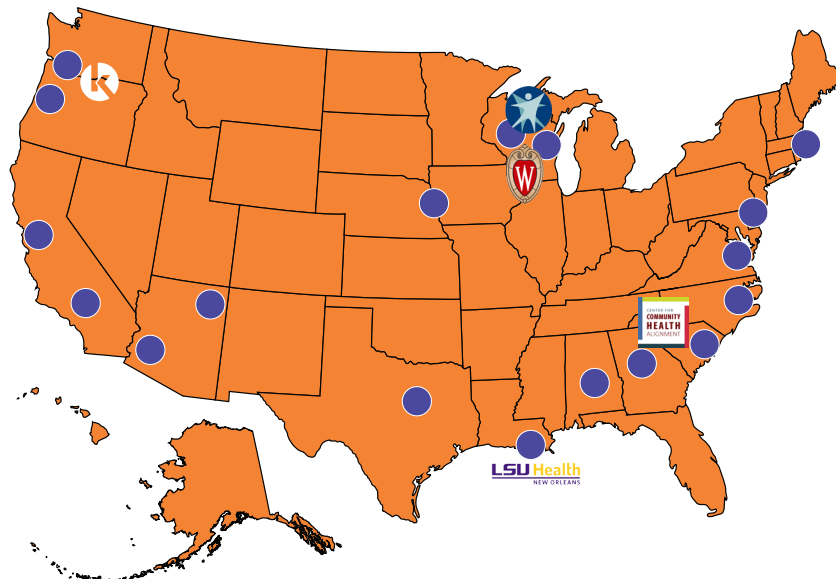
We have decades of collective experience and skills in all aspects of CHW work and support.

At **envision**, we believe that health happens on the front porch, at the clinic, and everywhere in between.

We meet people where they are.

We have lived this life and walked this walk.

We are the communities we serve.



Where our team members and partners are located



26 Years of CHW History

1998

National Community Health Advisors Study

CHWs and their program managers identified a set of seven essential core roles and competencies.

1999

First Unity Conference

2000

New Professional SPIG Becomes the CHW SPIG at the American Public Health Association (APHA)

2007

Health Resources & Services Administration (HRSA) National CHW Workforce Study

A national study of the CHW workforce and the factors that have affected its utilization and development.

2009

CHW SPIG becomes the CHW Section at the American Public Health Association (APHA)

2010

CHWs Included in the Affordable Care & Patient Protection Act (ACA)

provides the CHW field with an extraordinary – perhaps unprecedented – research, policy and advocacy agenda.

2010

CHWs receive Standard Occupational Classification Code (SOC) 21-1094 Community Health Workers

2014

Centers for Medicare & Medicaid Services (CMS) Ruling Benefits

CHWs Medicaid will allow reimbursement for Community Health Worker preventive services

2018

CHR Program celebrates 50 years

2019

National Association of CHWs (NACHW) launched

2021

Center for Disease Control and Prevention (CDC) funds CHWs for Covid Response & Resilient Communities

envision is created as a national CHW training and technical assistance center

2023

Medicare Physician Fee Schedule includes codes for Community Health Integration Services.

Some CHW services can be billed under these codes, which can help promote sustainable CHW positions.

2024

CHW Sustainability Summit Spokane, WA April 16-18



www.envisionequity.org/summit